

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FITCHBURG CITY CLERK
File with: City or Town Clerk or Election Commission in Charles AN 3231/2017

Fill in R	eporting Period dates: Beginning Date: 1	0/22/2017	Ending 1	Date: HM 42/31/2017	06
Type of	Report: (Check one)				
8th da	y preceding preliminary 8th day preceding election	n 30 day	y after election	🗵 year-end report	dissolution
Fi-Ichb	Kushmerek Candidate Full Name (if applicable) OUYO CHY COUNCIL, WOUNG H Office Sought and District om Street, Fitchburg MA, 01420 Residential Address Nichael o Hishmerek (a) Yahoo Com tional):	James (Na ssom Street, Fitchb Craigl	Committee Name me of Committee Treasurer urg MA, 01420 ommittee Mailing Address	1.com
	SUMMARY BALA	NCE INFO	RMATION:	· · · · · · · · · · · · · · · · · · ·	
	Line 1: Ending Balance from previous report			7,770.	99
	Line 2: Total receipts this period (page 3, line	11)		2,130.	78
	Line 3: Subtotal (line 1 plus line 2)			9,901.	77
	Line 4: Total expenditures this period (page 5,	, line 14)		9,629.	54
	Line 5: Ending Balance (line 3 minus line 4)			272.2	23
·	Line 6: Total in-kind contributions this period	(page 6)		36	58
	Line 7: Total (all) outstanding liabilities (page	7)		3,354.4	46
	Line 8: Name of bank(s) used: WOYVURS	C'aedit	Union		
FOR CAN Candida I certify that I activity, incurred Candida I certify to activity, incurred Candida I certify to finance activity to finance activity.	Committee Treasurer: I have examined this report including attached schedules and it is, to the iding all contributions, loans, receipts, expenditures, disbursements, in-kity of all persons acting under the authority or on behalf of this committee in the penalties of perjury: Application of Candidate: (check interest that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee in any liabilities nor made any expenditures on my behalf during this report that I have examined this report including attached schedules and it is, to extinct that I have examined this report including attached schedules and it is, to extinct the committee of all persons acting under the authority or on behalf or the committee of t	1 box only) o the best of my kin accordance with ring period. ag separate report of the best of my kin accordance with ring period.	and liabilities for this with the requirements (Treasurer's nowledge and belief, the requirements of the requirements of the reduced and belief, ributions and liabilities	reporting period and represe of M.G.L. c. 55. signature) Date: a true and complete statement M.G.L. c. 55. I have not record a true and complete statement period are stored at true and complete statement period at true an	at of all campaign finance eived any contributions,
Sianad undar	r the nenalties of neriury:		(Candidate's	Date:	Jun 21, 2018

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11. TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			d include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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:				
			·	
•		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
			the state of the s	
		Line 14: TOTAL EXPENDIT		<u> </u>

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				i
				L
•		Line 15: In-Kind Contributions	over \$50 (or listed above)	
· ·		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	rurpose of Expenditure	Amount
	134400000			
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		The same superior and and		
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
-	·			
				Carbolican (MANOCANDA SCHOOLOGICA PROBLET PROTECTION
4004457445744544504504504				
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				PARTIE STATE OF THE STATE OF TH
	,			
		Line 18: TOTAL OUTSTANI		

OCPF Report Results

Date	Name/Address	Occupation	Employer	Amount	Recinient
10/23/2017	Kirrane, Linda 381 Blossom St Fitchburg, MA 01420	Manager	Fidelity Bank	\$100.00	Kushmerek, Michael P.
10/23/2017	Bry, Jay 257 May Street Worcester, MA 01601	Vice President	Fitchburg State University	\$50.00	Kushmerek, Michael P.
10/23/2017	Kushmerek, Derek PSC 10 Box 1643 Apo, AE 09142	US Government	Labor and Employee Relations Manager	\$1,000.00	Kushmerek, Michael P.
10/23/2017	Sonnenberg, Arden 815 Main St Fitchburg, MA 01420	Director Academic Advancement	Worcester Polytechnic Institute	\$150.00	Kushmerek, Michael P.
10/24/2017	James, Ian 65 Almont St Medford, MA 02155	Save the Harbor	Office Manager	\$5.00	Kushmerek, Michael P.
10/28/2017	Ellis, Arthur 12 County Street Worcester, MA 01601	Housing and Employment Coordinator	Mass. Dept. of Mental Health	\$200.00	Kushmerek, Michael P.
10/31/2017	Workers' Credit Union 815 Main St Fitchburg, MA 01420			\$0.57	Kushmerek, Michael P.
11/1/2017	Boscardin, Rick 87 Prospect St Fitchburg, MA 01420	Developer	Martel Appraisers	\$250.00	Kushmerek, Michael P.
11/2/2017	Sonnenberg, Arden 136 N Row Rd Sterling, MA 01564	Director Academic Advancement	Worcester Polytechnic Institute	\$100.00	Kushmerek, Michael P.
11/2/2017	Fontaine, Nathan 449 Mechanic St Leominster, MA 01453			\$25.00	Kushmerek, Michael P.
11/6/2017	Rauhala, Gene 370 Main Street West Townsend, MA 01474			\$50.00	Kushmerek, Michael P.
11/6/2017	Sheridan, Kelly Washington, DC 20002	Manager	Dupont	\$100.00	Kushmerek, Michael P.
11/7/2017	Flynn, Kathleen 46 Riley Rd Lunenburg, MA 01462			\$50.00	Kushmerek, Michael P.
11/30/2017	Workers' Credit Union 815 Main St Fitchburg, MA 01420			\$0.16	Kushmerek, Michael P.
12/13/2017	Foley, Patricia 2003 Commonwealth Ave Brighton, MA 02135			\$50.00	Kushmerek, Michael P.
12/29/2017	Workers' Credit Union 815 Main St Fitchburg, MA 01420			\$0.05	Kushmerek, Michael P.
			Total Amount:	\$2,130.78	

OCPF Report Results

Date	Name/Address	Occupation	Employer	Amount	Recipient
11/2/2017	Campaignsthatwin.Com 210 Park Ave.,#210 Worcester, MA 01601			\$4,350.00	Kushmerek, Michael P.
11/2/2017	DirectConnect MA			\$66.81	Kushmerek, Michael P.
11/6/2017	Ngp Van MA			\$88.20	Kushmerek, Michael P.
11/6/2017	Ngp Van MA			\$5.00	Kushmerek, Michael P.
11/7/2017	Campaignsthatwin.Com 210 Park Ave.,#210 Worcester, MA 01601			\$4,350.00	Kushmerek, Michael P.
11/21/2017	WPKZ 762 Water Street Fitchburg, MA 01420			\$120.00	Kushmerek, Michael P.
12/4/2017	Workers' Credit Union 815 Main St Fitchburg, MA 01420			\$5.53	Kushmerek, Michael P.
12/11/2017	Derek Nguyen 950 Battery St San Francisco, CA 9411			\$644.00	Kushmerek, Michael P.
			Total Amount:	\$9,629.54	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address

\$368.00 Retired

10/30/2017 McSheehy, William

250 Mount Vernon St Fitchburg, MA 01420

Radio Ads

Retired

Value Description, Occupation & Employer

Total Itemized In-kind Contributions:

\$368.00

Total Unitemized In-kind Contributions:

\$0.00

Total In-kind Contributions:

\$368.00

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

10/20/2017 Kushmerek, Michael P.

\$3,354.46

Total Liabilities:

\$3,354.46